

1 10A NCAC 14C .2106 is proposed as a temporary rule as follows:

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3 **10A NCAC 14C .2106 FACILITY**

4 (a) An applicant proposing to establish a licensed ambulatory surgical facility that will be physically located in a  
5 physician's or dentist's office or within a general acute care hospital shall demonstrate that reporting and accounting  
6 mechanisms exist and can be used to confirm that the licensed ambulatory surgery facility is a separately identifiable  
7 entity physically and administratively, and is financially independent and distinct from other operations of the  
8 facility in which it is located.

9 (b) An applicant proposing a licensed ambulatory surgical facility shall receive accreditation from the Joint  
10 Commission for the Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory  
11 Health Care or a comparable accreditation authority within two years of completion of the facility.

12 (c) An applicant proposing to establish a new ambulatory surgical facility, to increase the number of operating  
13 rooms, to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add  
14 a specialty to a specialty ambulatory surgical program shall document that the physical environment of the facility  
15 conforms to the requirements of federal, state, and local regulatory bodies.

16 ~~(d) In competitive reviews, an applicant proposing to perform ambulatory surgical procedures in at least three~~  
17 ~~specialty areas shall be considered more favorably than an applicant proposing to perform ambulatory surgical~~  
18 ~~procedures in fewer than three specialty areas.~~

19 ~~(e)~~ (d) The applicant shall provide a floor plan of the proposed facility identifying the following areas:

- 20 (1) receiving/registering area;  
21 (2) waiting area;  
22 (3) pre-operative area;  
23 (4) operating room by type;  
24 (5) recovery area; and  
25 (6) observation area.

26 ~~(f)~~ (e) An applicant proposing to expand by converting a specialty ambulatory surgical program to a multispecialty  
27 ambulatory surgical program or by adding a specialty to a specialty ambulatory surgical program that does not  
28 propose to add physical space to the existing ambulatory surgical facility shall demonstrate the capability of the  
29 existing ambulatory surgical program to provide the following for each additional specialty area:

- 30 (1) physicians;  
31 (2) ancillary services;  
32 (3) support services;  
33 (4) medical equipment;  
34 (5) surgical equipment;  
35 (6) receiving/registering area;  
36 (7) clinical support areas;  
37 (8) medical records;

- (9) waiting area;
- (10) pre-operative area;
- (11) operating rooms by type;
- (12) recovery area; and
- (13) observation area.

*History Note: Authority G.S. 131E-177; 131E-183(b);*  
*Eff. November 1, 1990;*  
*Temporary Amendment Eff. September 1, 1993 for a period of 180 days or until the permanent*  
*rule becomes effective, whichever is sooner;*  
*Amended Eff. January 4, 1994;*  
*Temporary Amendment Eff. July 1, 2001;*  
*Temporary Amendment Eff. January 1, 2002;*  
*Amended Eff. August 1, 2002;*  
*Temporary Amendment effective January 1, 2002 amends and replaces the permanent rule*  
*effective August 1, 2002;*  
*Amended Eff. April 1, 2003.*